

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy.

PRINCIPAL PURPOSE: To designate a guardian to care for your child (ren) in your absence.

ROUTINE USES: None.

DISCLOSURE: Mandatory; failure to maintain a Family Care Plan could subject you to separation, administrative action, or, disciplinary action under the UCMJ.

POWER OF ATTORNEY FOR CHILD CARE

KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____, Social Security Number _____ of the state of Wyoming, a member of the United States Armed Forces, currently residing in _____, Wyoming, do hereby appoint _____, presently residing at _____, Wyoming my true and lawful attorney-in-fact to do the following acts or things in my name and in my behalf:

To assume and maintain guardianship of my child(ren), _____; to do all acts necessary or desirable for maintaining health, education, and welfare; and to maintain customary living standards, including, but not limited to, provision of living quarters, food, clothing, medical, surgical and dental care, entertainment and other customary matters; and, specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed physician and to execute any consent, release or waiver of liability required by medical or dental authorities incident to the provision of medical, surgical or dental care to any of them by qualified medical or dental personnel.

I hereby give and grant individually unto my said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the aforementioned specified particulars as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto. I do hereby ratify and confirm each of the acts of my aforesaid attorneys lawfully done pursuant to the authority herein above conferred.

I HEREBY AUTHORIZED MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent.

I authorize by attorney-in-fact to hire legal counsel in order to carry out the provisions of this document or determine the existence of legal requirements, such as required filing or placement of notices, which may affect the validity of this document.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on _____, 2004.

Notwithstanding my inclusion of a specific expiration date herein, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be in a military status of "missing," "missing in action," or "prisoner of war," then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.

(GRANTOR)

I, the undersigned, certify that I am a fully commissioned, qualified, and authorized notary public. Before me personally, within the territorial limits of my warrant of authority, appeared _____, who is known by me to be the person who is described herein, whose name is subscribed to, and who signed the Power of Attorney as grantor, and who, having been duly sworn, acknowledged that this instrument was executed after its contents were read and duly explained, and that such execution was a free and voluntary act and deed for the uses and purposes herein set forth.

STATE OF WYOMING)
) ss
COUNTY OF LARAMIE)

Acknowledged before me this _____ day of _____, 2004.

My commission expires: